



**Advanced Workshop
on
Substance Abuse
for Human Resources**

**PRESENTED BY:
PENN BEHAVIORAL HEALTH
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM**

Advanced Workshops on Substance Abuse for Supervisors

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- I. Introduction
 - II. The Extent of the Situation
 - III. Understanding of Problem
 - IV. Levels & Patterns of Substance Abuse
 - V. Types of Substances Most Commonly Abused
 - VI. Withdrawal Syndrome & Retention Times
 - VII. Signs & Symptoms of Substance Abuse
 - VIII. Identifying Performance Problems
 - IX. Management Involvement Post Treatment
 - X. Conclusion and Discussion

Myths and Realities



Myth: Cocaine is the most widely abused drug in American society today.

Reality: Alcohol remains the most widely used and abused substance in our society.

Myth: Substance abusers are mentally ill and are usually members of skid row or the hard-core unemployed.

Reality: Substance abuse is an “equal opportunity” problem.

Myth: Problems created by substance abuse are usually a result of intoxication while on the job.

Reality: Withdrawal from substances and family tension creates the most impact on work problems.

Myth: If no one in my family is a substance abuser, then it should not affect me.

Reality: Substance abuse impacts everyone.

Alcohol and Other Drugs

Alcohol and other drugs are associated with...

- Spousal Abuse
- Rape
- Traffic Fatalities
- Assaults
- Murder
- Suicide
- Drowning
- AIDS
- Crime
- Juvenile Delinquency
- Teen Pregnancy
- Family Conflict & Divorce
- Health Care Costs
- Reduced Productivity
- Mental Health Illness & Depression
- Poverty
- Homelessness
- Insurance Costs
- Accidents at Home/Work
- Disability
- Birth Defects/Mental Retardation
- School Dropouts/Illiteracy

Drugs On the Job

800-Cocaine Survey

- 75% reported using drugs on the job
- 64% said drug use hindered their performance
- 25% reported daily use at work
- 45% reported weekly use at work
- 83% cocaine, 33% marijuana, 13% pills, 10% opiates
- 44% said they dealt drugs to other employees
- 18% reported on-the-job drug-related accidents
- 18% stole from co-workers to buy drugs
- 39% feared increased salary would increase use
- 39% used alcohol at work

Substance Abuse in the Workplace

NIDA Survey

- The annual cost to society of drug abuse is estimated to be \$160 billion.
- Of the \$160 billion cost, a loss of \$100 billion is believed to result from unrealized productivity due to substance abuse.
- 70% of employees who are referred to an EAP for alcoholism are able to return to work and perform satisfactorily.
- Two out of three illicit drug users are employed.
- 71% of all illicit substance users are between the ages of 18 and 34.

Workplace Statistics

- 74% of illicit drug users are employed*
- 6.2 million are full-time workers*
- 1.9 are part-time workers*
- 8% of workers drink alcohol daily*
- Among employed drug users:
 - absenteeism is 66% higher**
 - health benefit utilization is 84% greater in dollar terms**
 - disciplinary actions are 90% higher**

**National Household Survey on Drug Abuse*

***National Drug Control Strategy*

Drug-Free Workplace Study

The Institute for a Drug-Free Workplace Study states that drug abuse costs employers \$160 billion a year in five areas:

- Productivity
- Accidents
- Medical Claims
- Absenteeism
- Employee Theft

Workplace Impact

- 
- Decreased Efficiency, Productivity, Creativity
 - Increased Safety Hazards
 - Work Group Tension and Resentment
 - Increased Turnover

Drug Abuse

- A Social Term
- Self-administration of a drug in a way that deviates from approved medical or social patterns within a given culture.

Chronic Alcoholism vs. Acute Intoxication

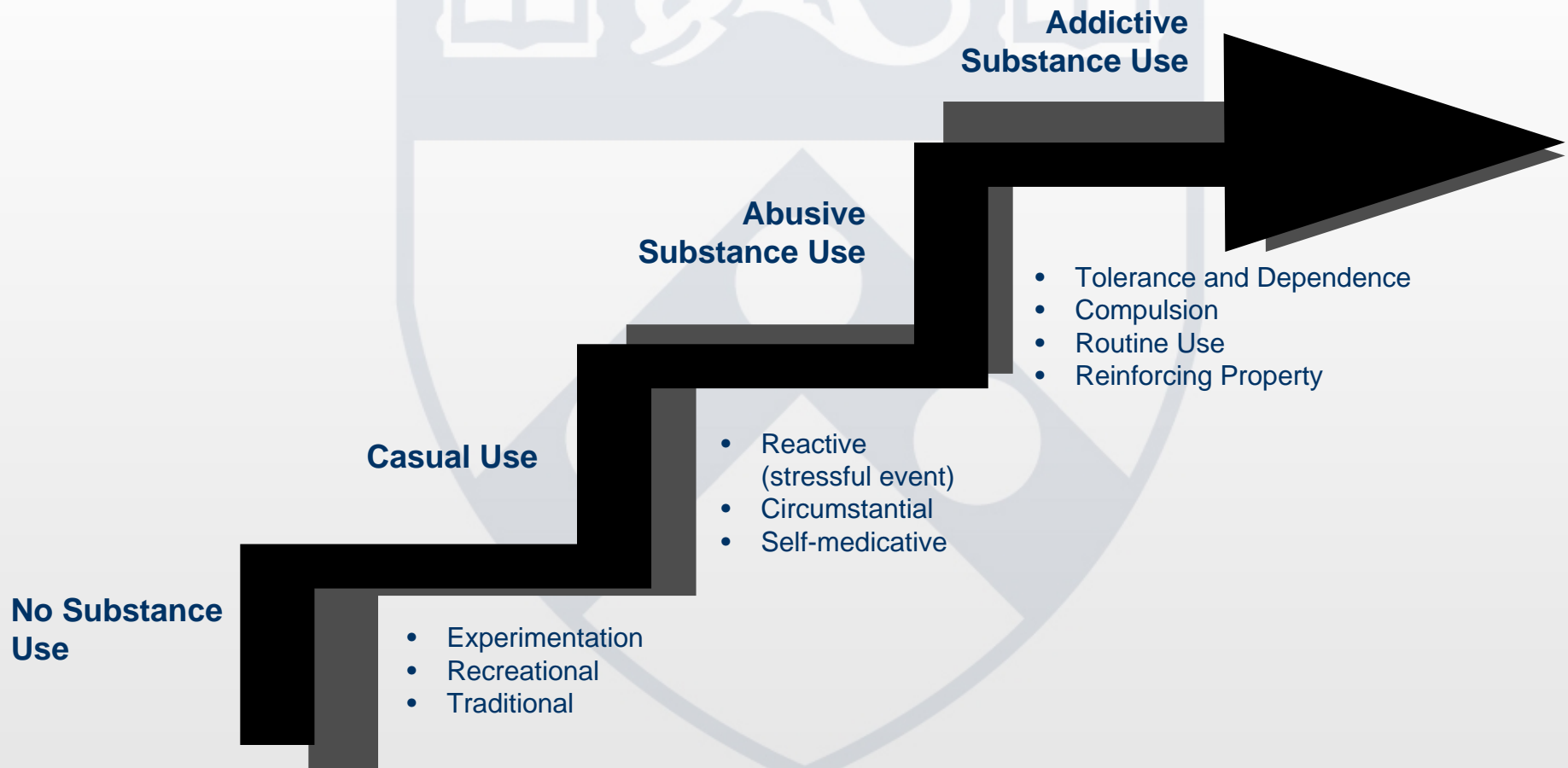
Abuse

1. Abuse because substance being used is not intended for such purpose.
2. Disrespect for medical, cultural and societal norms.
3. Further risk for medical, social and psychological abuse.
 - **Reactive** - Environmental Stress or Stimuli
 - **Circumstantial** - Time Framed Coping Mechanism
 - **Self-Medicative** - Constant Source of Relief and Gratification

Addictive Use

1. Complete disrespect for societal, cultural and medical norms.
2. Extreme risk of physiological, psychological and social consequences.
 - Tolerance and Dependence
 - Compulsion
 - Substance is “Life”
 - Routine Pattern of Use

Levels of Substance Use



Some Important Concepts

- **Addiction**
 - Behavioral Pattern of Drug Use
- **Tolerance**
 - With Repeated (Chronic) Dosing
- **Types of Tolerance**
- **Physical Dependence**
 - Repeated Administration to Prevent Withdrawal



Pattern of Drug Abuse

Casual/Recreational Use

Curiosity
Attitude
Substance Availability
Social Acceptance
Risks
Respect for Social Norms

Circumstantial Use

Relief from Stress, Anxiety and Depression
Reinforcing Property

Compulsive Use

Tolerance
Physical Dependence
Reinforcing Property

Factors that Promote Substance Abuse

- 
- Positive Reinforcement
 - Negative Reinforcement
 - Social Reinforcement

Most Commonly Abused Substances

- **Depressants**

- alcohol (beer, wine, liquor)
- barbiturates (Phenobarbital)
- tranquilizers (Valium)

- **Stimulants**

- cocaine, crack
- Amphetamines

- **Hallucinogens**

- Marijuana
- PCP
- LSD

- **Narcotics**

- Heroin

- **Inhalants**

- Glue
- paint thinner

Depressants



Examples:

- **Alcohol:** Beer, Wine, Liquor
- **Barbiturates:** Phenobarbital
- **Tranquilizers:** Valium

Blood Alcohol Levels & Signs of Impairment

BAL	Area of Brain Affected	Stage of Alcohol	Typical Effects
0.01- 0.05	Frontal Lobe	Euphoria	Decreased Inhibition, Diminished Judgment
0.05 - 0.10	Frontal Lobe	Excitement	Dulling of Attention, Sedation, Impaired Coordination
0.10 - 0.20	Psychomotor	Confusion	Disorientation, Impaired Balance, Slurred Speech
0.20 - 0.40	Cerebellum	Stupor	Ataxia, Tremors, Disorientation, Disturbed Equilibrium
Over 0.40	Medulla	Coma	Unconsciousness, Depressed Respiration, Death

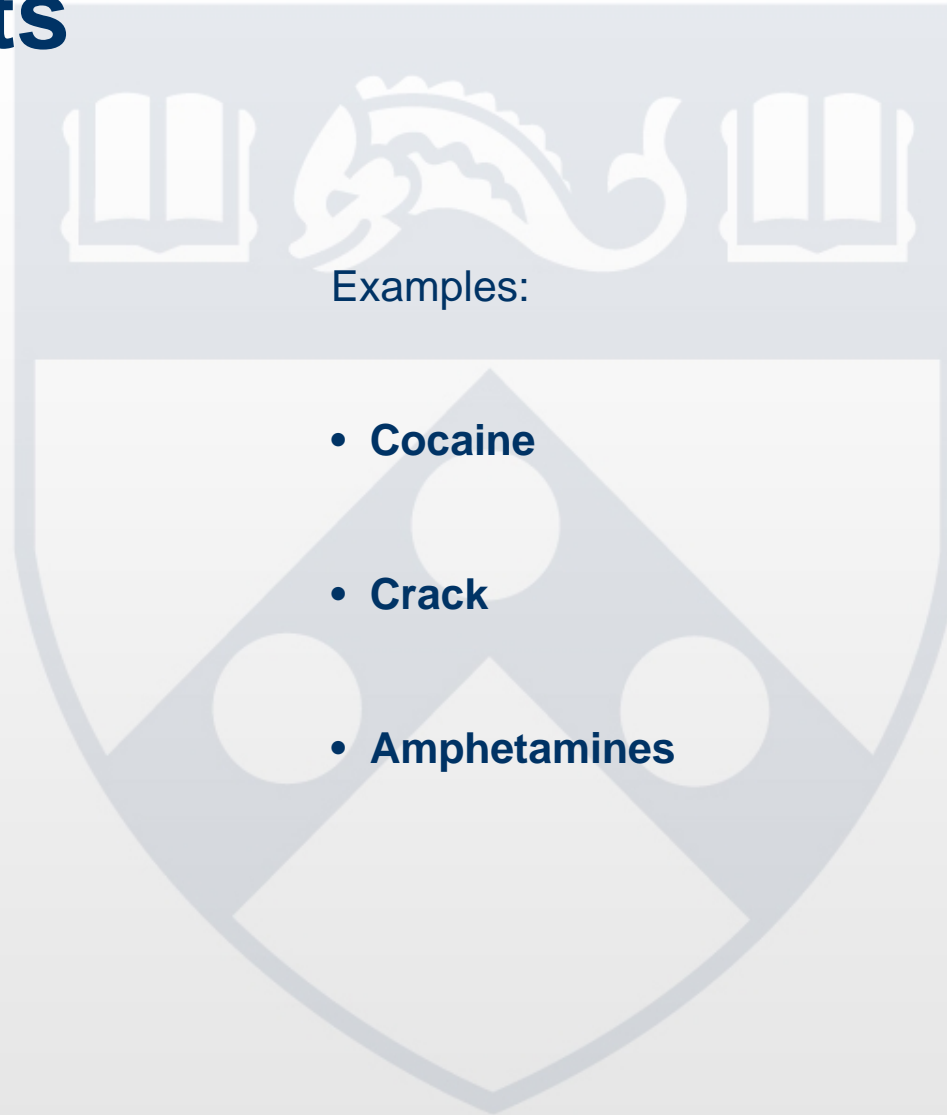
Alcohol Withdrawal Syndrome

Delirium Tremens



- Muscle Weakness, Tremor
- Anxiety
- Sweating, Nausea, Vomiting
- Hallucinations
- Disorientation
- Seizures
- Hypothermia
- Cardiovascular Collapse

Stimulants



Examples:

- Cocaine
- Crack
- Amphetamines

Hallucinogens



Examples:

- Marijuana
- PCP
- LSD

Narcotics



Examples:

- Heroin
- Morphine
- Codeine
- Methadone

Inhalants



Examples:

- **Gasoline**
- **Glue**
- **Paint Thinner**
- **White-out**

Early Phase



- Returns late from lunch
- Leaves work early
- Is absent from office or work station
- Complains of not feeling well
- Lies; makes excuses
- Misses deadlines
- Performs less efficiently
- Makes mistakes

Middle Phase

- Takes sick days for vague ailments
- Begins to avoid supervisor and co-workers
- Borrows money
- Exaggerates work accomplishments
- Is hospitalized more than average
- Feels resentful of others
- Has deteriorating performance or shifts in work pace
- Has lack of concentration
- Has hidden drinking and/or takes mysterious medications

Late Phase

- Has prolonged, unpredictable absences
- Behaves aggressively or belligerently
- Experiences domestic problems which interfere with work
- Demonstrates a change in values/beliefs
- Has money/legal problems
- Refuses to discuss problems
- Performs far below acceptable levels at work

O.D.I.R. Process

- **Observe**
 - Look only at behavior
 - Focus on performance; do not attempt to diagnose underlying problem
- **Document**
 - Record specific behaviors, dates, times
- **Inform Employee**
 - Approach employee in a sensitive manner; avoid confrontation while in a group; take him/her aside
 - Do not leave employee alone
 - Use documentation to help employee understand pattern of behaviors
- **Resource**
 - Follow policies and procedures



Alcoholism

Drug Abuse

Immaturity

Family Problems

Stress

Emotional Problems

Situational Crisis

Personality Conflict

Job Dissatisfaction

Physical Illness

Structural Job Problem

Problems



Employee Behavior

Sporadic Performance

Strained Relationships

Poor Judgment

Episodes of Lost Temper

Confusion

Increased Tardiness

Increased Absences

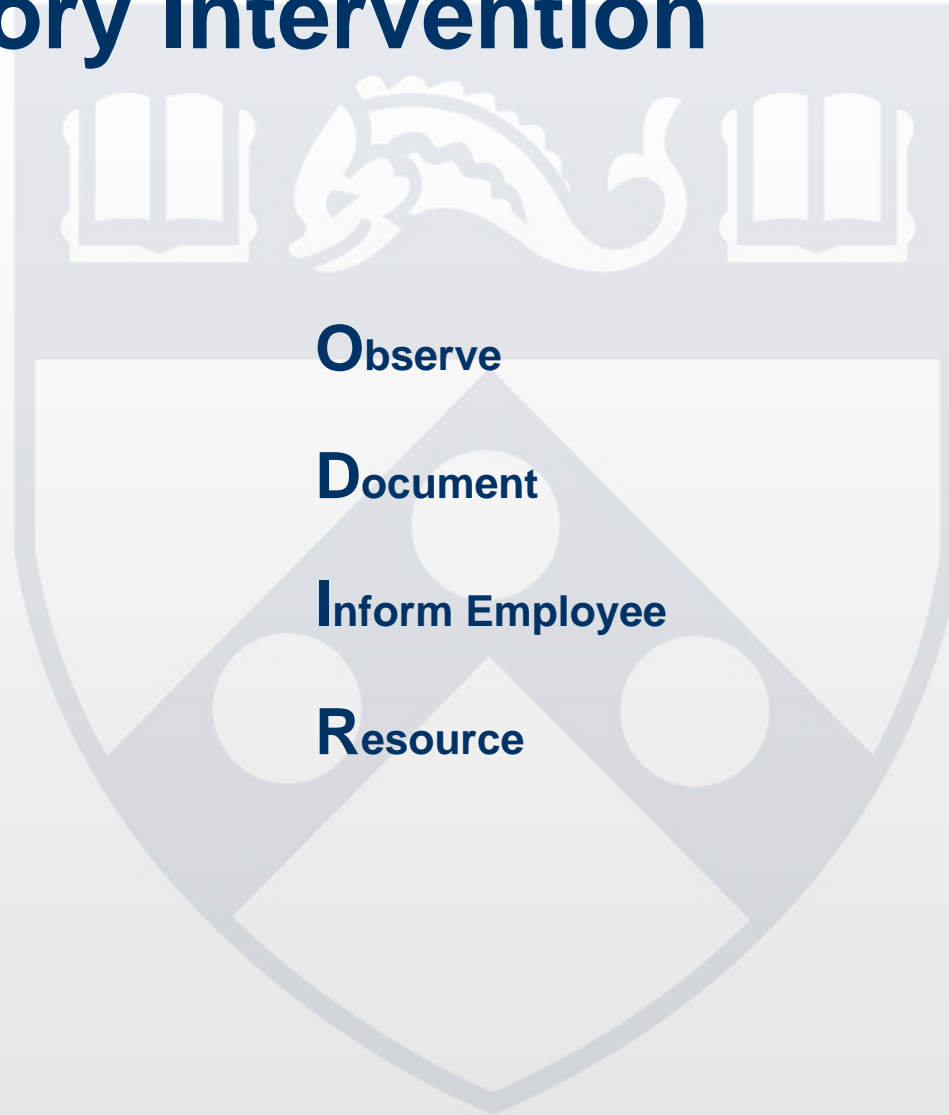
Irritability

Employee Theft

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Resource vs. Referral

Supervisory Intervention



Observe

Document

Inform Employee

Resource

Supervisory Intervention

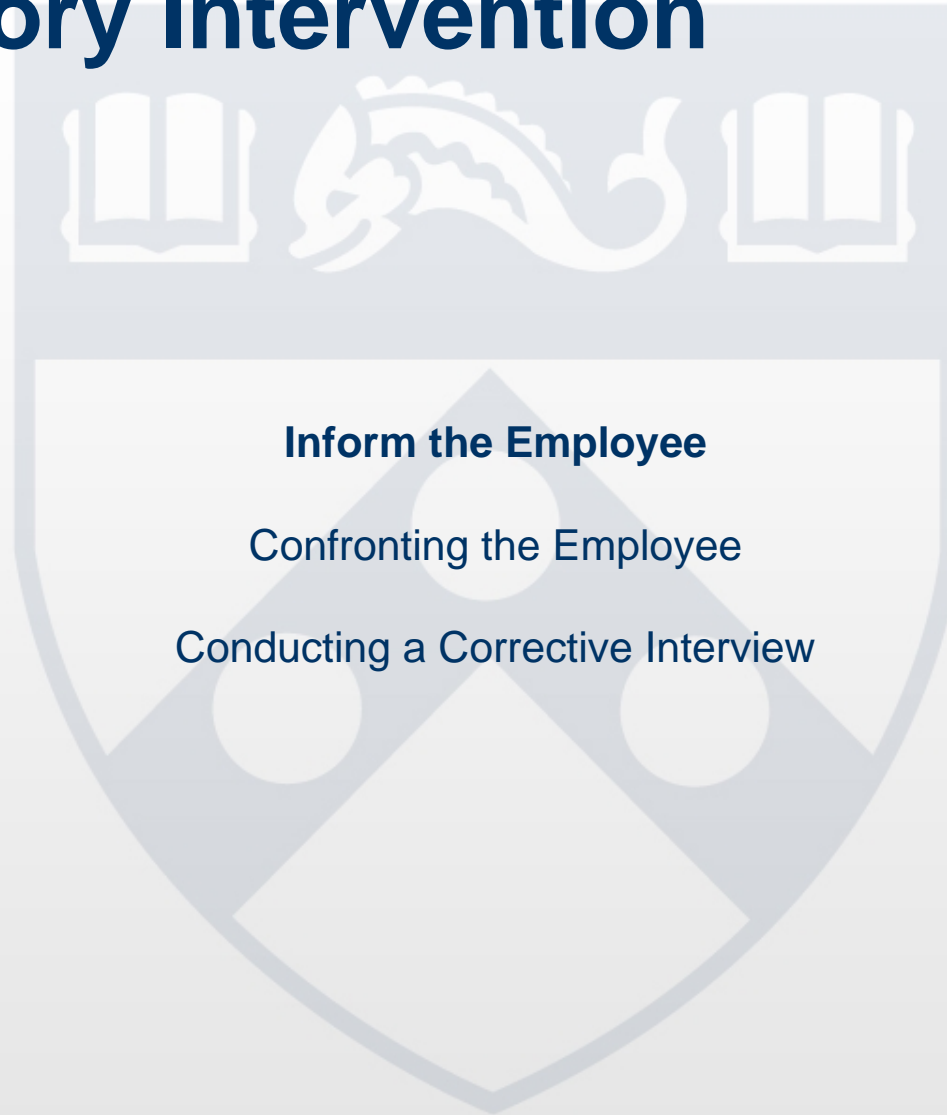


Document the Performance

Date/Time/Event

Behavior versus Judgment

Supervisory Intervention



Inform the Employee

Confronting the Employee

Conducting a Corrective Interview

Supervisory Intervention

Job Performance Problem Documented



Corrective Interview



Job Performance Problem Corrected



If Job Performance Problem Continues

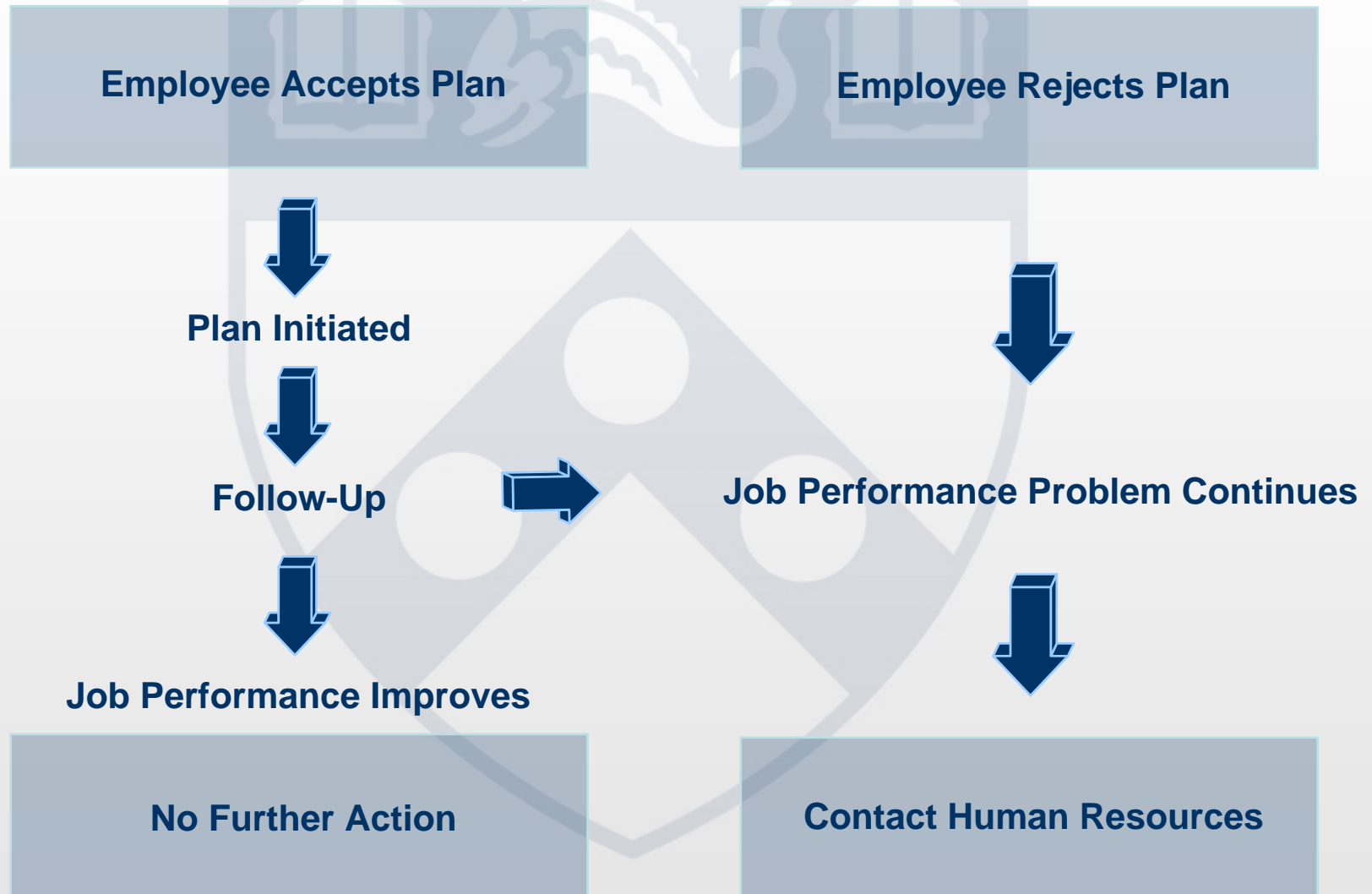


Contact Human Resources Representative



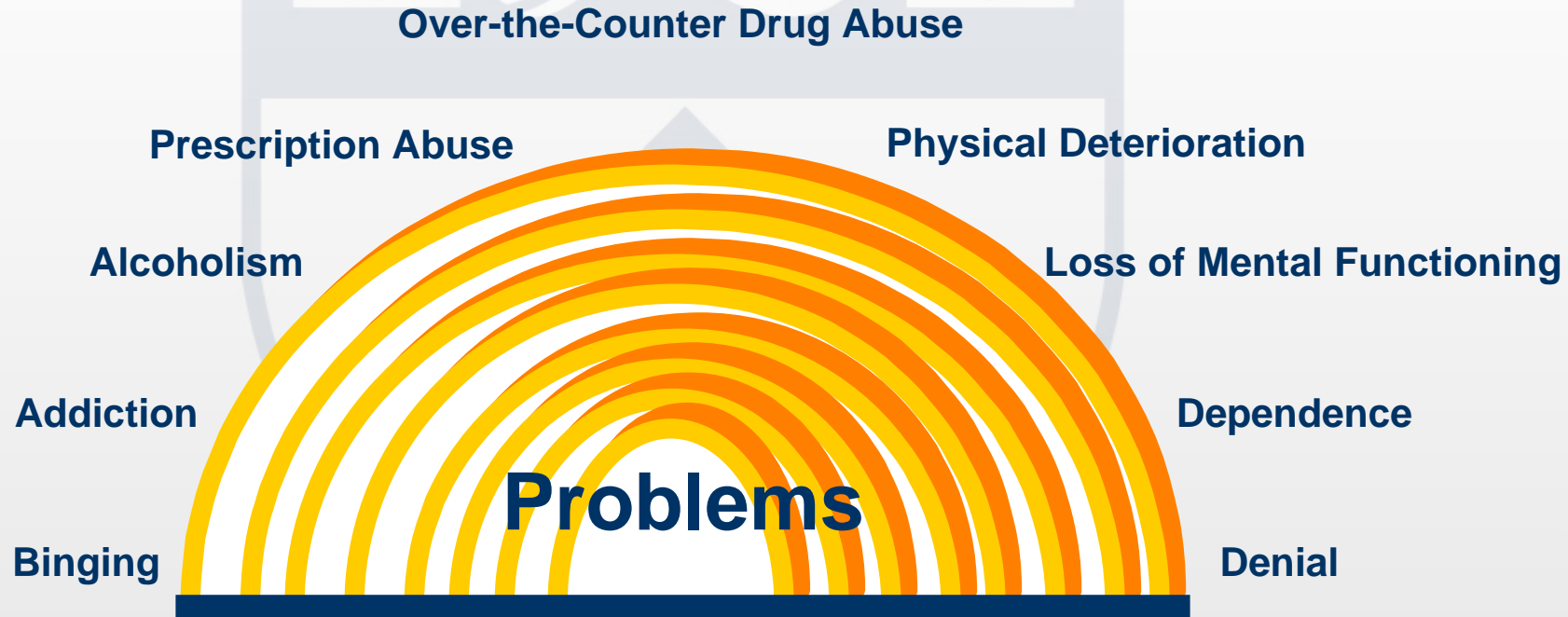
Referral to Employee Assistance Program

Supervisory Intervention





Substance Abuse Problems



Substance Abuse Problems at Work



Employee Behavior

Diversion

Impairment

Addiction

Self Identification

Over Medication

Use While at Work

Under Medication

Purchase or Sale While at Work

Theft or Possession of Drugs



Intervention for Impairment Issues

Referral vs. Resource

Intervention for Impairment Issues



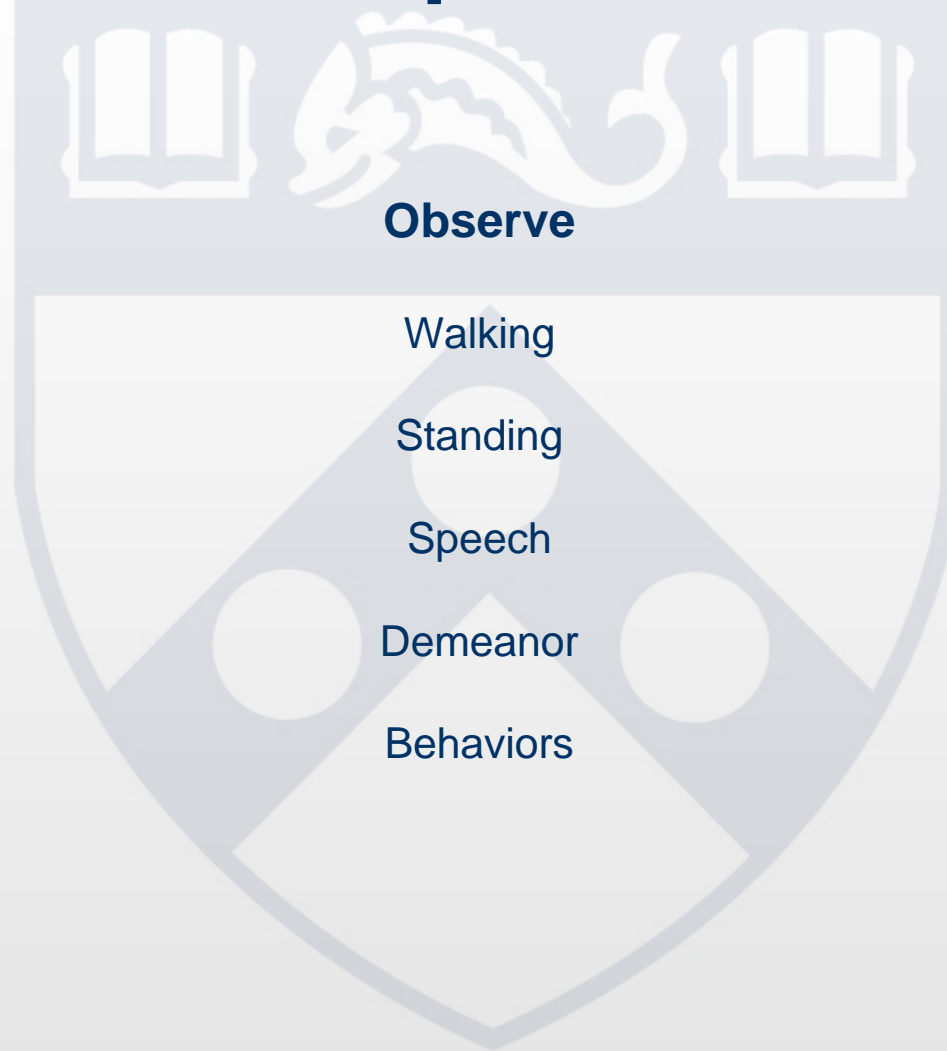
Observe

Inform

Refer

Document

Intervention for Impairment Issues



Intervention for Impairment Issues



Inform

Isolate the Employee

Conduct An Observational Interview

Inform HR and/or Security

Intervention for Impairment Issues



Document the Incident

Date/Time/Event

Behavior versus Judgment

Intervention for Impairment Issues



Intervention for Self Disclosure Issues

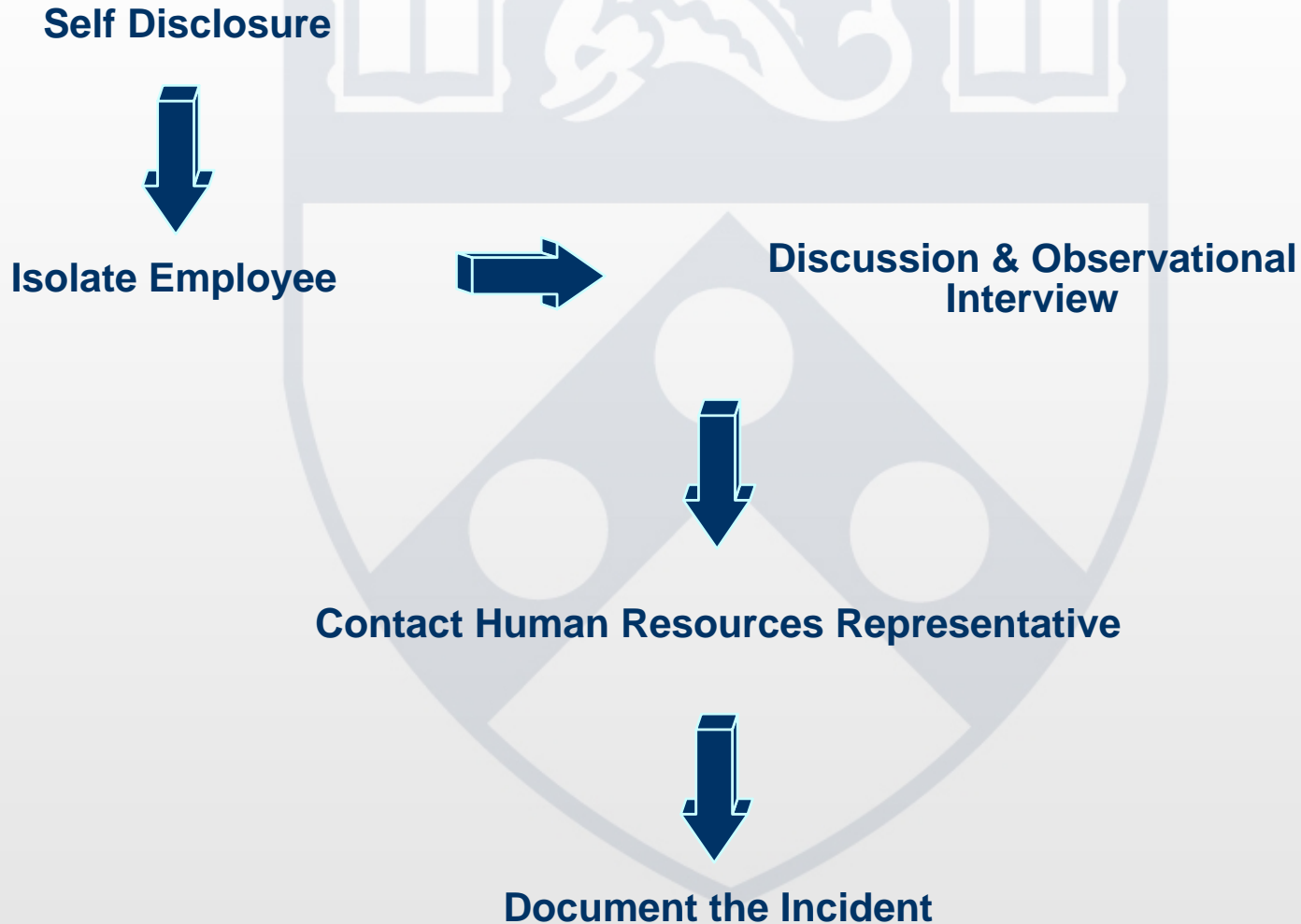
Self Identification

Prescription or Over The Counter

Diversion

On the Job Use, Possession, Theft, Purchase, or Sale

Intervention for Self Disclosure





Observation Checklist

	Walking
	Standing
	Speech
	Demeanor
	Actions
	Eyes
	Face
	Appearance/Clothing
	Breath
	Movements

Questions for Supervisors

1. How do you know when you have a substance abuse problem?
2. What should you know about your company's S.A. policy?
3. How do you document S.A. Related Problems?
4. What should you say to an employee suspected of substance abuse?
5. Can you report suspicions?
6. Can you pull a suspected worker off the job?
7. How do you deal with a violent S.A. related behavior?
8. What if you witness a drug deal or drinking on the job?
9. Should you report drug or alcohol use off the company site?
10. If an employee confesses S.A. what should you do?

Guide for Supervisors

Dos and Don'ts

The “Dos” to Remember:

- Do keep in mind that performance problems often get worse, seldom better, without help
- Do remind employees to call PENN Behavioral Health
- Do remember that PENN-Friends is an asset to supervisors and assistance for employees; it is not to be used as punishment by supervisors, nor as a “shield” from disciplinary action by employees

The “Don'ts” to Remember:

- Don't try to diagnose the problem
- Don't accuse the employee of having a personal problem
- Don't try to counsel the employee through their personal problem

Enabling

Any behavior, no matter how well intentioned, which serves to protect the person from the consequences of his/her behavior, allowing that behavior to continue and worsen.

Characteristics of Enabling

- 
- Compromising
 - Minimizing - Rationalizing - Ignoring
 - Controlling
 - Shielding
 - Taking Over Responsibilities
 - Colluding

Employer Objectives & Specifications

- 
- Policies
 - Procedures
 - Penalties

Substance Abuse Identification & Treatment

- Testing
- Counseling
- Treatment Centers
- Reintegration and Follow-up Programs

Return to Work Procedures

- **Return to Privacy**
- **Company Policies**

